

RENNES HEALTH CENTER EAST

701 WILLOW STREET, P. O. BOX 188

PESHTIGO 54157 Phone: (715) 582-3962

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 134

Total Licensed Bed Capacity (12/31/03): 134

Number of Residents on 12/31/03: 111

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 124

Corporation

Skilled

No

Yes

Yes

124

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		17.1
Supp. Home Care-Personal Care	No					1 - 4 Years		40.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.7	More Than 4 Years		22.5
Day Services	No	Mental Illness (Org./Psy)	34.2	65 - 74	12.6			----
Respite Care	Yes	Mental Illness (Other)	12.6	75 - 84	29.7			80.2
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.9	85 - 94	44.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	1.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	16.2	65 & Over	88.3	-----		
Transportation	No	Cerebrovascular	11.7		-----	RNs		11.0
Referral Service	No	Diabetes	1.8	Gender	%	LPNs		6.6
Other Services	No	Respiratory	3.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.9	Male	27.9	Aides, & Orderlies		
Mentally Ill	No		----	Female	72.1			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	6	100.0	295	84	96.6	115	1	100.0	128	17	100.0	151	0	0.0	0	0	0.0	108	97.3
Intermediate	---	---	---	3	3.4	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		87	100.0		1	100.0		17	100.0		0	0.0		0	0.0	111	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	10.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.6	Bathing	2.7	80.2	17.1	111
Other Nursing Homes	2.8	Dressing	13.5	52.3	34.2	111
Acute Care Hospitals	81.1	Transferring	20.7	56.8	22.5	111
Psych. Hosp.-MR/DD Facilities	0.6	Toilet Use	15.3	65.8	18.9	111
Rehabilitation Hospitals	1.1	Eating	68.5	16.2	15.3	111
Other Locations	3.3	*****				
Total Number of Admissions	180	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.3	Receiving Respiratory Care	4.5	
Private Home/No Home Health	24.9	Occ/Freq. Incontinent of Bladder	45.0	Receiving Tracheostomy Care	0.9	
Private Home/With Home Health	14.7	Occ/Freq. Incontinent of Bowel	31.5	Receiving Suctioning	0.0	
Other Nursing Homes	2.5			Receiving Ostomy Care	2.7	
Acute Care Hospitals	15.2	Mobility		Receiving Tube Feeding	1.8	
Psych. Hosp.-MR/DD Facilities	1.0	Physically Restrained	3.6	Receiving Mechanically Altered Diets	34.2	
Rehabilitation Hospitals	1.0					
Other Locations	9.6	Skin Care		Other Resident Characteristics		
Deaths	31.0	With Pressure Sores	4.5	Have Advance Directives	91.9	
Total Number of Discharges		With Rashes	9.0	Medications		
(Including Deaths)	197			Receiving Psychoactive Drugs	67.6	

 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.5	84.6	1.09	87.2	1.06	88.1	1.05	87.4	1.06
Current Residents from In-County	61.3	75.5	0.81	78.9	0.78	69.7	0.88	76.7	0.80
Admissions from In-County, Still Residing	16.1	18.9	0.85	23.1	0.70	21.4	0.75	19.6	0.82
Admissions/Average Daily Census	145.2	152.9	0.95	115.9	1.25	109.6	1.33	141.3	1.03
Discharges/Average Daily Census	158.9	154.8	1.03	117.7	1.35	111.3	1.43	142.5	1.12
Discharges To Private Residence/Average Daily Census	62.9	63.8	0.99	46.3	1.36	42.9	1.47	61.6	1.02
Residents Receiving Skilled Care	97.3	94.6	1.03	96.5	1.01	92.4	1.05	88.1	1.10
Residents Aged 65 and Older	88.3	93.7	0.94	93.3	0.95	93.1	0.95	87.8	1.01
Title 19 (Medicaid) Funded Residents	78.4	66.0	1.19	68.3	1.15	68.8	1.14	65.9	1.19
Private Pay Funded Residents	15.3	19.0	0.80	19.3	0.79	20.5	0.75	21.0	0.73
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	46.8	31.3	1.50	39.6	1.18	38.2	1.23	33.6	1.39
General Medical Service Residents	18.9	23.7	0.80	21.6	0.88	21.9	0.86	20.6	0.92
Impaired ADL (Mean)	49.0	48.4	1.01	50.4	0.97	48.0	1.02	49.4	0.99
Psychological Problems	67.6	50.1	1.35	55.3	1.22	54.9	1.23	57.4	1.18
Nursing Care Required (Mean)	7.2	6.6	1.10	7.4	0.97	7.3	0.99	7.3	0.98